



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



lincoln.ne.gov

July 18, 2007

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of The Oven East, 4104 Pioneer Woods Drive #101 requesting a class C liquor license.

Ngawang Richen and Sonam Chhoden will be the owners of the establishment with Chhoden as the manager of the liquor license.

Background information on the applicants will be omitted as both were approved for liquor license I-16172, which is the license held for the Oven located at 201 North 8<sup>th</sup> Street.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



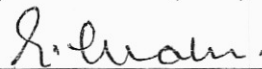
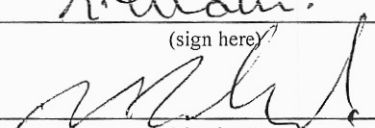
A nationally accredited law enforcement agency



of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

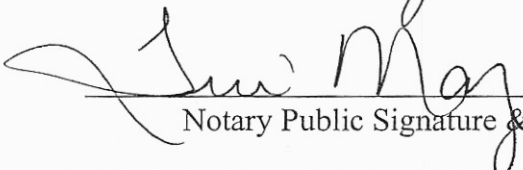
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

 _____ (sign here)	_____ (sign here)
 _____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)

Subscribed in my presence and sworn to before me this

12th day of June, 2007

  
\_\_\_\_\_  
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

Subscribed in my presence and sworn to before me this

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Ngawang Rinchen 60+

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Currently own a restaurant in Lincoln, NE. Have been selling/serving alcohol products for the last 18 years.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.



Lease: expiration date

May 2017.



Deed



Purchase Agreement

15. When do you intend to open for business? July 1st, 2007.

16. What will be the main nature of business? What are the anticipated hours of operation? Food Services / Restaurant

Open 7 days a week. 11-2 pm, 5-11 pm.

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
Sonam Chhoden	1993	2007	Lincoln, NE
Ngawang Rinchen	1990	2007	Lincoln, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Wells Fargo Bank

Soham & Ngawan Rinchen

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

Indian Food Association, 201 N 8th St. Lincoln

Lin # 16172

68508

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes If yes, please explain below or attach a separate page.  
☒ No

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes  
Current business name and license number \_\_\_\_\_  
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes  
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☒ Yes First National, Beatrice  
☐ No

**PREMISE INFORMATION**

Trade Name (doing business as) The Oven East

Street Address #1 4104 Pioneer Woods Dr. # 101

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2

Zip Code 68506

Telephone number at premise to be licensed 402-488-0650

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: Ngawang Rinchen

Street Address #1 3809 Diablo Dr

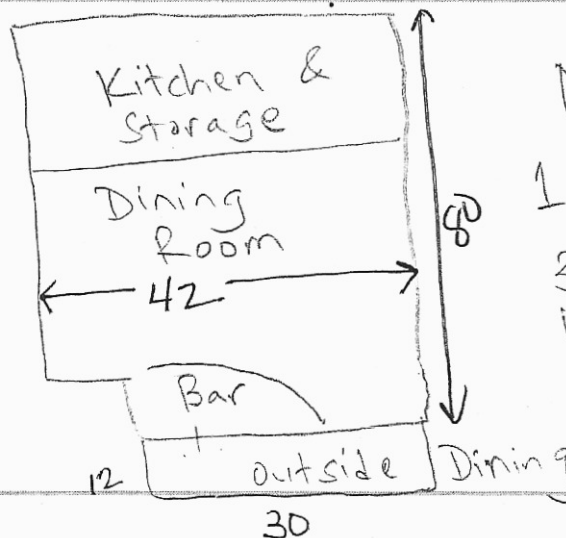
Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster

Zip Code 68516

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



N ↑  
1 - floor building  
3800 sq. ft  
including outside  
dining area.

Need  
L & W  
of building

# APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

RECEIVED

JUN 12 2007

NEBRASKA LIQUOR  
CONTROL COMMISSION

OFFICE USE ONLY

Brian Will checking on Special Permit Y OR (N)

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | Beer, On Sale Only                            | \$45.00 |
| <input type="checkbox"/>            | B | Beer, Off Sale Only                           | \$45.00 |
| <input checked="" type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/>            | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/>            | I | Beer, Wine & Distilled Spirits, On Sale Only  | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

### MISCELLANEOUS

- |                          |   |  | Bond                 |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub)   | \$295.00 1,000 min.  |
| <input type="checkbox"/> | O | Boat   | \$ 95.00 N/A         |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits<br>(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer   | \$545.00 5,000 min.  |
| <input type="checkbox"/> | X | Wholesale Liquor   | \$795.00 5,000 min.  |
| <input type="checkbox"/> | Y | Farm Winery  | \$295.00 1,000 min.  |

All Class C licenses expire October 31st

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

### TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Individual License, requires insert form 1                            |
| <input type="checkbox"/>            | Partnership License, requires insert form 2                           |
| <input checked="" type="checkbox"/> | Corporate License, requires insert form 3a and manager application 3b |

### NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

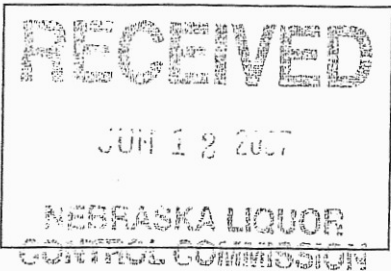
Firm Name: \_\_\_\_\_

Firm address: \_\_\_\_\_



**APPLICATION FOR LIQUOR LICENSE  
CORPORATION MANAGER - FORM 3b  
\*MUST BE A NEBRASKA RESIDENT\***

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>



**LIQUOR LICENSE INFORMATION**

NAME OF LICENSED CORPORATION Bhutanese Food, Inc

CLASS & LICENSE NUMBER \_\_\_\_\_

TRADE NAME The Oven East

STREET ADDRESS 4104 Pioneer Woods Dr. #101 CITY Lincoln

*applicant for manager is the pres of corp OK*

**SIGNATURE OF CORPORATION PRESIDENT/CEO**

**APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)**

NAME Sonam Chhoden

ADDRESS 3809 Diablo Dr.

CITY Lincoln STATE NE ZIP CODE 68516

HOME PHONE NUMBER 402-328-9488 BUSINESS PHONE NUMBER 402-488-0650

SEX ☐ MALE ☒ FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

**SPOUSES INFORMATION (IF NOT MARRIED INDICATE)**

SPOUSE NAME Ngawang Rinchen

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_



**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date.

☒ YES

☐ NO

Indian Food Association of NE, Inc. Lin# 16172  
201 N 8th St., Lincoln, NE 68508 EXP: 4/30/08

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES

☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?  
Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES

☐ NO

prints enclosed

**RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Sonam Chhoden Lincoln, NE	1993	2007	Ngawang Rinchen Lincoln, NE	1990	2007

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

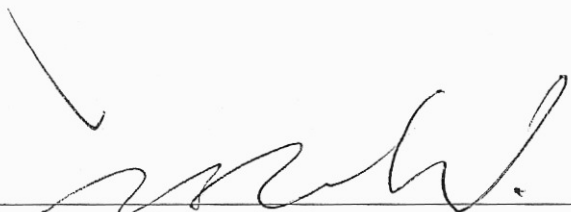
MONTH/YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
1998	2007	The Oven	Ngawang Rinchen	402-475-6118

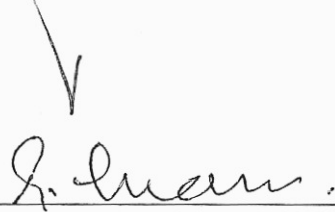
**PERSONAL OATH AND CONSENT OF INVESTIGATION  
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit of non participation may be attached.

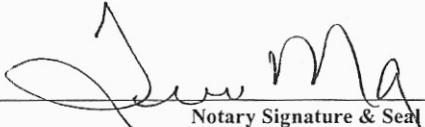
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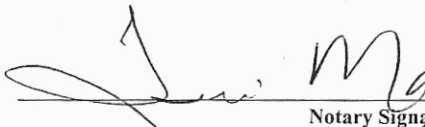
  
\_\_\_\_\_  
Signature of Applicant

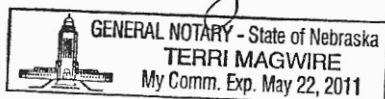
  
\_\_\_\_\_  
Signature of Spouse

Subscribed in my presence and sworn to before me this 12th  
day of June, 2007.

Subscribed in my presence and sworn to before me this 12th  
day of June, 2007.

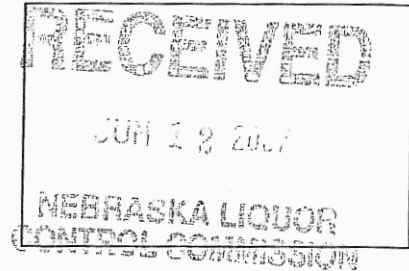
  
\_\_\_\_\_  
Notary Signature & Seal

  
\_\_\_\_\_  
Notary Signature & Seal



**APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

Bhutanese Food, Inc.

Corporate Street Address: 4104 Pioneer Woods Dr. # 101

City: Lincoln State: NE Zip Code: 68506

Corporate Telephone Number 402-488-0650

Total number of shares issued (if corporation) \_\_\_\_\_

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #? \_\_\_\_\_

Name of Registered Agent Craig Wittstruck

Name of Proposed Manager Sonam Chhoden

This person must complete form 35-4013

get info from  
Sec of state  
web site

get info from  
manager  
form

List name of Chief Executive Officer \_\_\_\_\_

Last Name: Chhoden First Name: Sonam MI \_\_\_\_\_

Address Street 3809 Diablo Dr. City Lincoln

State NE Zip Code 68516 Home Phone number 402-328-9488

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Rinchen First Name Ngawang

Social Security Number - - - - - Date of Birth - - - - -

Title Manager Number of Shares -

Spouse Name (indicate N/A if single) Sonam Chhoden

Spouse Social Security Number - Date of Birth - - - - -

Title CEO Number of Shares -

Last Name - First Name -

Social Security Number - - - - - Date of Birth - - - - -

Title - Number of Shares -

Spouse Name (indicate N/A if single) -

Spouse Social Security Number - - - - - Date of Birth - - - - -

Title - Number of Shares -

Last Name - First Name -

Social Security Number - - - - - Date of Birth - - - - -

Title - Number of Shares -

Spouse Name (indicate N/A if single) -

Spouse Social Security Number - - - - - Date of Birth - - - - -

Title - Number of Shares -

Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes ☒ No

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date

Ending Date

*S. Evans*

Signature of President/Managing Member

Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

12th day of June, 2007

*Terr Magwire*  
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4183  
REV. 4/05